SEMINARY OF THE IMMACULATE CONCEPTION
TRANSCRIPT REQUEST FORM

Allow 5-10 working days for processing

Print Name: _____
(Last) (First) (Middle)

Signature: _____

Former Name(s): _____

Current Address:

_____
_____
_____
_____

Please Check:

☐Official ☐Unofficial

☐M.A. ☐M.Div. ☐D.Min.

Transcript Fee: $10.00 per Official copy - no fee for Unofficial copy

Telephone No.: _____ email:_____

Number of Copies _____

Attendance Period: _____ Graduation year: _____

Additional Information:

Transcript is normally mailed directly to the Institution to which the student is applying. An official transcript can be mailed directly to The student, but it will be **in a sealed envelope** and must remain sealed when they are submitted to the institution that has requested it.

Mail Transcript To:

_____
_____
_____
_____
_____
_____

Payment Method(s):
Personal Check or Money Order (payable to: Seminary of the Immaculate Conception)

Mail this request to:
Elyse Hayes – Library
Seminary of the Immaculate Conception
440 West Neck Road
Huntington, NY 11743
Phone: 631-423-0483 x141

Please do not submit this form via email. Your actual signature and payment are needed in order to process this transcript request.